· ARIZONA STATE	BOARD OF HEALTH  State File No. 182
BUREAU OF V	ITAL STATISTICS
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No.	
County Ila	State CKT
District or Township Poyou	or Village
City	
2. Full name of child Agar Varish Ly ou [If child is not yet named, make supplemental report, as directed.	
3. Ser of Child To be augmered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date 2 28, 1928	
in event of plural births.  5. No., in order of birth	of birth
8. FATHER	H. MOTHER
Full name Car Lyon	Full maiden name Belle Parrish
9. Residence (Usual place of abode)	15 Residence (Usual place of abode) Deine and
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Cotor or race
While 11. Age at fast birthday 45 (Years)	While 17. Age at last birthday (Years)
12. Birthplace (city or place) Will auses	18. Birthplace (city or place)
(State or country)	(State or country) antanin
13. Occupation	19. Occupation
Nature of industry Cond January	Nature of Industry / france wife
20. Number of children of this mother (a) Born slive a	nd now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive b (c) Stillborn	at now deed
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 15	
I hereby sertify that I attended the birth of this child, who was Damaline at le m. on the date above stated	
	(Born alive of itillhorn.)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	20030
child is one that neither breathes nor shows other evidence of life after birth.	Physicialis
Given name added from	(Physician or midwite).
a supplemental report Month, day, year	
Filed	" CHARSEN
Registrar	1-11-26 m motorst. Registrar
535-1228-278	

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